PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Boy 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

maintenance fee notificati	ons.	netwise in Diock 1, by	(a) specifying a new cone:	spondence address;	and/or (b) indicating a	5 should be completed where trent correspondence address as separate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only he used for domestic mailings of the Foe(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
		W2009				
WILMERHALE/BOSTON 60 STATE STREET BOSTON, MA 02109				I hereby certify that this Feed's Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FIEE address above, or being facisimile transmitted to the USFTO (571) 273-285, on the date indicated below.		
						(Depositor's mane)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		A'TTORNEY DOCKET N	D. CONFIRMATION NO.
10/761,667 01/21/2004			Kenneth Dong		291359.126US2	3419
TITLE OF INVENTION: I	FACIAL RECOGNITI	ON SYSTEM AND ME	THOD			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) I	DUE DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	12/14/2009
EXAMIN	ŒR	ART UNIT	CLASS-SUBCLASS			121112007
RASHID, DAVID		2624	382-154000			
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list						
CFR 1.363). Change of correspon	dence address (or Cha	sec of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	e)		
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE. (CITY and STATE OR COUNTRY)						
Animetrics Inc.			Conway, New Hampshire			
Please check the appropriate assignee category or eategories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are	suhmitted:	41:	Payment of Fee(s): (Pleas	e first reapply any	previously paid issue	(ee shown above)
A check is encl						
Advance Order - # o			(XJ Payment by credit card. Form: FF9-2008 Issumathed. Card The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (88—0219—(enclose an extra copy of this form).			
			overpayment, to Depos	it Account Number	08-0219_ (enclos	e an extra copy of this form).
 Change in Entity Status Applicant claims S 			☐ b. Applicant is no long	or claiming SMALI	ENTITY status Con 27	LCER LOGGERA
			from anyone other than th	e applicant; a regist	ered attorney or agent; o	r the assignee or other party in
mercy as shown by the reco	7 3	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Office.	Λ		
Authorized Signature Date 1617 CN 19, 700 T						
Typed or printed name _		Registration No. 32,590				
This collection of informatic in application. Confidential ubmitting the completed ap his form and/or suggestions Sox 1450, Alexandria, Virgi klexandria, Virginia 22313	on is required by 37 Cl ity is governed by 35 oplication form to the s for reducing this bure inia 22313-1450. DO	R 1.311. The information J.S.C. 122 and 37 CFR USPTO. Time will vary len, should be sent to the NOT SEND FEES OR C	n is required to obtain or re 1.14. This collection is esting depending upon the individence Chief Information Officer COMPLETED FORMS TO	tain a benefit by the nated to take 12 mi dual case. Any com , U.S. Patent and Ti THIS ADDRESS.	public which is to file (nutes to complete, inclu ments on the amount of ademark Office, U.S. E SEND TO: Commission	and by the USPTO to process) ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.